



# Downtown Outdoor Dining Application

## City of Valparaiso

Board of Public Works and Safety

166 Lincolnway • Valparaiso, IN 46383

**OFFICE USE ONLY:**

Date Received:

Inspection Date:

Approval Date:

**BUSINESS INFORMATION:**

**TYPE OR PRINT IN INK:**

Name of Restaurant/Business: \_\_\_\_\_

Address of Location of Proposed Outdoor Dining Establishment: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

Relationship to Business:

Address: \_\_\_\_\_

Property Owner  Business Owner

\_\_\_\_\_

Manager  Other: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

**CONTACT PERSON INFORMATION:**

SAME AS APPLICANT

Contact Person : \_\_\_\_\_

Relationship to Business:

Address: \_\_\_\_\_

Property Owner  Business Owner

\_\_\_\_\_

Manager  Other: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

**OTHER INFORMATION:**

Name of Liability Insurance Provider: \_\_\_\_\_ Insurance Expiration Date: \_\_\_\_\_

Business has State of Indiana Alcoholic Beverage License:  Yes  No

**PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR APPLICATION SUBMITTAL:**

Completed Application  Proof of Liability Insurance

Site Plan; Demonstrating Proposed Location of Outdoor Dining Area with Measurements/Setbacks

Photos of Barriers, Planters, Furniture, Umbrellas; Include Colors/Materials Used

**\* An inspection must be scheduled to ensure the Standards and Conditions are met and to address any concerns\***

I have read and understand the Board of Works Downtown Outdoor Dining Policy including the applicable penalty and violations provisions. I further understand and agree that permission for use of public right of way is a privilege that can be revoked by the City up to and including removal of elements of the outdoor dining establishment and/or appropriate legal action if I am found to be in violation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_